

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PA0000879916		EIN			
Handler Name		Fmr Industries					
Street		1370 Industry Drive					
City		Hatfield		State		PA	
				Zip Code		19440	
Actual Generator Status				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input checked="" type="checkbox"/> Non-Handler <input type="checkbox"/>			
Check only if different from Notified Status.							
Universe Change Required? (Generator Status Change Required)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).			
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	CEI	4/6/2007	S	SBM	WM		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			4/6/07		Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.		
Notes: facility not at this address, facility not generating HW at this facility							

Evaluation Indicator Field (Check all that apply)			
<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Multimedia Inspection	<input type="checkbox"/> Sampling	<input type="checkbox"/> Not Subtitle C

Focused Coverage Areas (Use Only for Evaluation Type FCI)							
Regulation-Specific FCI							
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CFI <input type="checkbox"/>	INC <input type="checkbox"/>	LDR <input type="checkbox"/>	PTB <input type="checkbox"/>	PTX <input type="checkbox"/>	
THI <input type="checkbox"/>	UIC <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/>	OTHER (specify): _____			
Routine/Standardized FCI							
CAR <input type="checkbox"/>	CPC <input type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/>	IEI <input type="checkbox"/>	ISI <input type="checkbox"/>	RTI <input type="checkbox"/>	

Does this Evaluation Add/Update/Delete a Violation?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

*Required Fields

EPA ID Number				Handler Name			
PA0000879916				Fmr Industries			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A RTC Qualifier is required if entering an Actual RTC Date.		
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A RTC Qualifier is required if entering an Actual RTC Date.		
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name			Contact				
Street							
City			State	Zip Code			
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):			CESQG				
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>			LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input checked="" type="checkbox"/>				
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)			Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

*Required Fields

**HAZARDOUS WASTE INSPECTION REPORT**
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR1612997Company name FMR IndustriesEPA I.D. Number PA0000879916

Employer I.D. Number (E.I.N.) _____

Address 1370 Industry Drive HatfieldCounty MontgomeryMunicipality Hatfield TwpZIP 19440

Name of Inspector _____

Name & Title of Responsible Official _____

Person Interviewed _____

Telephone (____) _____

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ kg _____ lbs

Waste Determination Completed? ☐ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☐ No.Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐

Universal Waste Types _____

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270.
- ☐ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270 or having interim status under Chapter 265a and incorporated sections of 40 CFR Part 265.
- ☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 40 CFR Section 261.5 and 25 PA Code Section 261a.5.
- ☐ Off-Site in a permitted municipal or industrial facility in another state.
- ☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste.
- ☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste.

2. Hazardous Waste Transportation:

Self transportation

☐ yes☐ no

If no: Transporter Name _____

License Number _____

3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	NO LONGER AT THIS ADDRESS; AMETEK NOT GENERATING HAZARDOUS WASTE AT THIS FACILITY	

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection 4/6/2007 Identification Number PA0000879916

Company/Facility/Site Name FMR Industries

On this date, Susan Michler of the Department attempted to conduct a routine hazardous waste generator inspection at FMR Industries, located in Hatfield Township, Montgomery County. The following observations were made:

- 1) FMR Industries notified as a conditionally exempt small quantity generator of hazardous waste.
- 2) Either ARS Metal Fabricators Inc. or Enterprise Machine Co. now operates at the former FMR Industries facility.

In summary, FMR Industries no longer operates or generates hazardous waste at this facility. No violations were observed.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) Susan Michler Date 4/9/2007



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PA0000879916

10/18/94

INSTALLATION ADDRESS

FMR INDUSTRIES
1370 INDUSTRY DRIVE BLDG 8
HATFIELD, PA 19440
JOHN MASSERMAN OWNER

1370 INDUSTRY DRIVE BLDG 8
HATFIELD, PA 19440

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use)

SEP 7 1994
CW10/12/94

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number:

PA0000879916

II. Name of Installation (Include company and specific site name)

FMR INDUSTRIES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1370 INDUSTRY DRIVE B1098

Street (Continued)

SECTION 3

City or Town

HATFIELD PA 19440

State

Zip Code

PA 19440-

County Code

County Name

091 MONTGOMERY

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

SAME

State

Zip Code

SAME -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

WASSERMAN

JOHN

Job Title

Phone Number (Area Code and Number)

OWNER

215-368-1033

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

☐ ☐ ☐

SAME

City or Town

SAME

State

Zip Code

-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WASSERMAN FORD

Street, P.O. Box, or Route Number

1370 INDUSTRY DRIVE

City or Town

HATFIELD

State

Zip Code

PA 19440-

Phone Number (Area Code and Number)

215-368-1033

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

P

P

Yes

No

Yes

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Act
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input checked="" type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Oil to Off-Specification Bu</p> <p><input type="checkbox"/> b. Marketer Who First Claims Oil Meets the Specification</p> <p>2. Used Oil Burner - Indicate 1 Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner</p> <p>Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic code)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0008 0018 0035 00

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
0001					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
<i>John Wasserman</i>	JOHN WASSERMAN OWNER	8-23-94

XI. Comments

RR 10/14/94

AST 10-18-94

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)